

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212545407						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Genworth Financial Agency, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA 23219</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>02648988</b></p> </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>6,000</td> </tr> <tr> <td>CUMPA</td> <td>20,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	6,000	CUMPA	20,000
CLASS	AUTHORIZED							
COMMON	6,000							
CUMPA	20,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 6620 W BROAD ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RICHMOND, VA 23230</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS M STINSON  TITLE: P/COB  ADDRESS: 6620 W BROAD ST  CITY/ST/ZIP/CO: RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS M STINSON TITLE: P/COB ADDRESS: 6620 W BROAD ST CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Lisa Resnick  TITLE: DIRECTOR  ADDRESS: 6620 West Broad Street  CITY/ST/ZIP/CO: Richmond, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Lisa Resnick TITLE: DIRECTOR ADDRESS: 6620 West Broad Street CITY/ST/ZIP/CO: Richmond, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
NAME: Lisa Resnick TITLE: DIRECTOR ADDRESS: 6620 West Broad Street CITY/ST/ZIP/CO: Richmond, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PATRICK B. KELLEHER  TITLE: SVP  ADDRESS: 6620 WEST BROAD STREET  CITY/ST/ZIP/CO: RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PATRICK B. KELLEHER TITLE: SVP ADDRESS: 6620 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME: MARTIN P. KELIN TITLE: SVP ADDRESS: 6620 WEST BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						

NAME:	WARD E. BOBITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST SEC		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DAVID H. CARSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST SEC		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	AMY R CORBIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	BRIAN FERRAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	MICHAEL D HEARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DANIEL J SHEEHAN, IV	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3001 SUMMER STREET		
CITY/ST/ZIP/CO:	STAMFORD, CT 06905		
NAME:	MICHELE L. TRAMPE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CONTROLLER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	THERESA A. MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	ARNOLD J COTTRELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	JOSEPH C EARLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DEBRA R LUSK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3100 ALBERT LANKFORD DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD K TANGARD ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD A TEPPER ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ VIDAL J TORRES JR		VIDAL J TORRES JR, SECRETARY		11/27/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					